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## **COVER LETTER**

Division of Corp			
TDA USA,	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	EUGENIO DUARTE, ESO	Q.	
	<del> </del>	Name of Person	<del> </del>
	DUARTE LAW FIRM		
		Firm/Company	
	999 PONCE DE LEON BI	LVD., SUITE 735	16 JU121
		Address	
	CORAL GABLES, FL 33	134	
		City/State and Zip Code	
	E-mail address: (	ELAWFIRM.COM to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	•	,
EUGENIO DUARTE		305 444-1958	
Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	•	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURING Registration Section Division of Corpora Clifton Building	n

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TDA USA, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L12000126393	pility Company were filed on 10/01/2012	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	6
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	2
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Bo	OX)	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, <u>er</u> <u>ce address here</u> :	nter the name of the new
Name of New Registered Agent:		- <del>1. (2.</del>
New Registered Office Address:	Enter Florida street address	
	Flori d	
	, Florid	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> **Address Type of Action** Name 1 PATRICIA M. EL MASRY MGR 3389 NW 97 AVENUE □ Add MIAMI, FL 33172 **■** Remove □ Change □ Add \_□ Remove □ Change \_□ Add 🚆 \_□ Remove 🖧 ☐ Change □ Add ☐ Remove \_□ Change \_□ Add ☐ Remove \_□ Change □ Add ☐ Remove

\_□ Change

D. If amending any other information, enter change(s) here: (Attach additional	l sheets, if necessary.)
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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more  Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0207 (3)(b) equirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time (b) The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier of:
Dated JUNE 20, 2016	
Signature of a member or authorized representative of	a member
Eugenio Duonte	
Typed or printed name of signee	

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Filing Fee: \$25.00